



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$943460267
Outpatient Patient Service Revenue	\$825032392
Total Gross Patient Service Revenue	\$1768492659

2. Deductions From Revenue

Contractual Allowance	\$1341101342
Other Deductions	\$5767240
Total Deductions	\$1346868582

3. Total Operating Revenue

Net Patient Service Revenue	\$421624077
Other Operating Revenue	\$20072843
Total Operating Revenue	\$441696920

4. Operating Expenses

Salaries and Wages	\$111365703	Employee Benefits	\$29438159
Depreciation and Amortization	\$19438905	Interest Expense	\$2281408
Bad Debt	\$21996634	Other Expenses	\$193049380
Total Operating Expenses	\$377570189		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$64126731	Total Assets	\$457847576
Net Non-operating Gains over Loss	\$2122795	Total Liabilities	\$457847576

Total Net Gains	\$66249526
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$950480793	\$788739912	\$161740881
Medicaid	\$341906937	\$306560216	\$35346721
Other Government	\$29455615	\$25312640	\$4142975
Other State	\$0	\$0	\$0
Other Payers	\$446649314	\$226255813	\$220393501
Total	\$1768492659	\$1346868581	\$421624078

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1115214	\$-1115214

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$979715	\$-979715

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$8574648	\$-8574648
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	68
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	358

Statement Six: Charity Statement

Hospital Charity Charges	\$39950240
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7338859	
HCI Payments	\$0		
Subtotal	\$0	\$7338859	\$-7338859
Medicaid Shortfalls	\$77585105	\$79870177	
Subtotal	\$77585105	\$87209036	\$-9623931
DSH Payments	\$0		
Subtotal	\$77585105	\$87209036	\$-9623931
Medicare Shortfalls	\$128176402	\$120275210	
Other Government Programs	\$0	\$0	
Total	\$205761507	\$207484246	\$-1722739

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//